

In-Ground Swimming Pool Permit

To schedule inspections call (325)676-6273/6232, email <u>buildingpermits@abilenetx.gov</u> or log on to mygov.us/login Residential: Job Address: Block: Lot: Subdivision: Property Owner: Phone: Contractor: Contractor Contact Person: Address: Phone: Valuation of Work: \$ Type of Septic System (Circle One): Conventional Aerobic N/A Class of Work (Circle One): New Alteration List Subcontractors Below All subcontractors shall be registered with the City Building Inspections Department before the permit will be issued. Electric: Concrete: ____ Plumbing: _____ Septic: _____ NOTICE The granting of this permit does not presume to give authority to violate or cancel the provisions of City, State or other local laws regulating construction or the performance of construction. All provisions, laws and ordinances governing this type of work shall be complied with, whether specified or not. Date: _____

Applicant Signature:_____

Permit Fee: \$180.00